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INDIAN HEALTH SERVICE

ON MENTAL HEALTH SERVICES IN OFF-RESERVATION BOARDING SCHOOLS

TO THE

SENATE COMMITTEE ON INDIAN AFFAIRS

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My name is Dr. Scott Nelson. I am a psychiatrist and Chief of the Mental Health/Social Services Programs Branch of the Indian Health Service (IHS). I am pleased to be here today to present IHS's testimony regarding the substance abuse and mental health-related services of off-reservation boarding schools funded by the Bureau of Indian Affairs (BIA).

Historically, the role of Indian boarding schools was not only to provide education to American Indians, but also to forcibly "socialize" Indian children into the dominant cultural models, While this philosophy is no longer endorsed, numerous reports have addressed problems in boarding schools (the Meriam Report of 1928; Special Subcommittee on Indian Education Congressional Report, 1969), stating that they do not serve children well educationally or socially.

More and more Indian children and adolescents with multiple needs and problems, particularly behavioral health problems, make up the student populations of boarding schools. Many Indian children now receive education either in public schools or tribal/RIA day schools.
Off- reservation boarding schools, in particular, are used more for placement of Indian children and adolescents who are experiencing difficulties in their respective communities.

In two off-reservation boarding schools, the Indian Health Service--directly or through contract--provides on-site mental health, social services, and substance abuse treatment. The IHS's Mental Health/Social Services Program also has provided in-service training and consultation about programs to a number of off-reservation boarding schools. Training has been directed

toward dormitory , residential, and counseling staff and has focused on increasing their knowledge about developmental issues, mental health issues, child abuse, aggressive and violent behavior, depression and suicide, and building the skills of staff in child behavioral management. Consultations about programs have included working with individual principals and department heads to assist them with mental health and substance abuse resource development, refocusing local and regional resources more appropriately to create a multidisciplinary approach to children and youth-related behavioral health issues, and networking with other programs including regional Indian adolescent substance abuse treatment centers and Federal and tribal behavioral health programs. We have also been involved with the initial screening and year end evaluation of the Chemawa Boarding School Special Mental Health Project. Our program and the IHS ' s Alcohol and Substance Abuse Program, as well as the Office of Indian Education Program staff, have been part of the CERIS (Consortium of Effective Residential Indian Schools) planning group, which has been developing the therapeutic community school model for off-reservation boarding schools.

In general, children and adolescents in off-reservation boarding schools require highly individualized treatment programs to adequately address their emotional and behavioral problems. For these reasons, IHS makes the following recommendations to meet the specialized needs of the children and adolescents presently in these schools:

1. Adequate on-site health and mental health services for each off-reservation boarding school are needed. Presently, off-reservation boarding schools must compete

with the existing service population for services at already overtaxed and distant IHS tribal, and other health care facilities. More specifically, the mental health and substance abuse treatment needs of children in off-reservation boarding schools are not being met adequately, and in most schools not at all. The Indian Health Service presently has not allocated its resources to meet the mental health, social ‘service, and substance abuse needs of the boarding school student population. The President's FY 1995 Budget includes a special investment of $10.4 million specifically to address substance abuse problems. Other health services provided by the IHS face similar needs, making the shifting of resources from other areas difficult.

2. A health and behavioral health assessment of present and potential students should be developed and implemented to determine their behavioral health needs.

3. The off-reservation boarding schools should be adequately staffed to provide an appropriate ratio of caretakers to children. The IHS supports the development and implementation of the therapeutic treatment model for high-risk adolescents in each off-reservation boarding school. Such a model is being considered by the BIA and should include adequate staffing (e.g. , at least one staff member to fifteen students, highly qualified staff, and appropriate facilities).

4. Background checks for staff working with children, residential staff, academic and behavioral health professionals need to be conducted consistently and thoroughly.

5. Staff employed by off-reservation boarding schools should have adequate knowledge of child development, behavioral management of children, and management of violent adolescents Residential, academic, and behavioral health staff should work together as a multidisciplinary team to implement individualized treatment plans. Where there are sufficient numbers of staff--either through direct hiring or contract--the BIA and the IHS need to work together to provide the necessary technical assistance to develop viable teams of behavioral health professionals as well as residential and academic staff in each off-reservation boarding school. We believe that the frequent incidents on campus involving violence, date rape, sexual abuse, and substance abuse use will be addressed more effectively by adequately staffing the schools with qualified behavioral health professionals, security personnel, and a residential staff who receive regular technical assistance on addressing violent behaviors among children and adolescents.

6. The BIA, the IHS, and the tribes must work together so that families are consistently included in the educational development of their children.

7. In schools where detoxification services are not available, such services should be provided on-site or locally with medical support.

8. The policy of expelling students with substance abuse problems and other behavioral problems needs to be re-evaluated. Off-reservation boarding schools need to

develop the capacity to assist these students more effectively. Students who successfully complete substance abuse treatment programs should be readmitted to the schools with appropriate services for after care,

9. There is great need for more resources for child, adolescent, and family-oriented mental health, social services, and substance abuse prevention and treatment on and near reservations to enable more children to stay in the community for schooling .
Efforts should be augmented to develop local day school programs and to increase the availability of family-based behavioral health services so that children can stay with their families and receive adequate health and behavioral health services at home. The BIA has demonstration projects to provide family and child education in local communities, such as the FACE (Family and Child Education) Programs

In collaboration with the tribes, the IHS and the BIA need to develop a system of education and complete care with the goal of allowing every child to remain with his/her family in the Indian community. This system of care should include a range of services from home-based family support services, specialized foster and group homes, and local residential treatment facilities with small staff to child ratios.

Mr. Chairman, this completes my formal testimony. I would be happy to answer whatever questions you may have.